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100 Galleria Parkway						(Depositor's name)				
Atlanta, GA 30339						(Signature)				
						(Date)				
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.			
APPLICATION NO.								250152-1840	9034	
10/573,649 03/28/2006 Graham John Woodgate 250132-1840 9034 TITLE OF INVENTION: DIRECTIONAL DISPLAY APPARATUS										
TITLE OF INVENTION	: DIRECTIONAL DISP	LAYA	PPAKA IUS							
APPLN, TYPE	SMALL ENTITY	SMALL ENTITY IS		PUBLICATION FEE	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATÉ DUE	
nonprovisional	NO	NO		\$300		\$0		\$1740	09/11/2008	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
TRA, TUYEN Q 2873				359-237000						
I. Change of correspondence address or indication of "Fee Address" (3: CFR. 1.363). Change of correspondence address (or Change of Correspondence Address form FFO.381.22) attached. Jee Address' indication (or "Fee Address" Indication form FFO.5847; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.						
3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is iden th in 37 CFR 3.11. Com	A TO	BE PRINTED ON below, no assignee of this form is NC	THE PATENT (print data will appear on of a substitute for fili (B) RESIDENCE:	the p	atent. If an assign assignment.	nce is i	dentified below, the d	ocument has been filed for	
AU Optronics	Corporation			Hsinchu,	Ta	iwan R.O.C.			_	
Please check the approp	riate assignee category o	r categ	ories (will not be p	rinted on the patent)	. [Individual 2016	orpora	ion or other private gr	oup entity Government	
4a. The following fee(s) All Issue Fee Description Fee (I) Advance Order	b. Payment of Fee(s) A check is encl	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Fĕĕiñ¥PDC>2058/ik Mhāthēt/x ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Depoid Account Number 220-0778 enclose an extra copy of this form).								
5. Change in Entity St	atus (from status indicat	ed abo	ve)							
The Annalism of the	CMALL ENTITY etc.	tue Se	o 37 CFR 1 27	b. Applicant is	no lo	nger claiming SMA	LLEN	TTTY status. See 37 C	FR 1.27(g)(2).	
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